

DEC 08 2006

PTO/SB/17 (12-04)

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/801,074</b> Filing Date <b>03/16/2004</b> First Named Inventor <b>NAGATA et al.</b> Examiner Name <b>ROCCA, JOSEPH M</b> Art Unit <b>3616</b> Attorney Docket No. <b>26C-032</b>	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>200</b>			

**METHOD OF PAYMENT (check all that apply)**
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☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
6	- 20 or HP = 0	x \$50	= \$0			

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
4	- 3 or HP = 1	x \$200	= \$200

HP = Highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**
 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ \_\_\_\_\_ (\$ for small entity)  
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

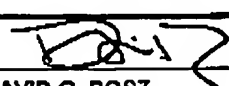
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	\$0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Extra independent claim fee

**\$200**

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent) <b>37,701</b>	Telephone <b>(703) 707-9110</b>
Name (Print/Type) <b>DAVID G. POSZ</b>		Date <b>December 8, 2006</b>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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WWW.POSZLAW.COM**FACSIMILE TRANSMISSION****Date:** 12/8/2006**Pages:** **9** (including cover sheet)**To:** Examiner JOSEPH M. ROCCA**From:** David G. Posz**Company:** U.S. Patent Office, Art Unit 3616**Fax No.:** 571-273-8300**Subject:** Amendment in response to Office Action mailed on September 11, 2006 for  
U.S. Application Serial No. 10/801,074.**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on December 8, 2006 to the attention of Examiner ROCCA of AU 3616.

Typed Name: DAVID G. POSZ

Signature: 

Applicant(s): NAGATA et al.	Atty. Dkt.: 26C-032
Serial No.: 10/801,074	Group Art Unit: 3616
Filed: 03/16/2004	Examiner: ROCCA, JOSEPH M
Title: KNEE-PROTECTING AIRBAG DEVICE	

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Based on PTO/SB/21


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/801,074
	Filing Date	03/16/2004
	First Named Inventor	NAGATA et al.
	Group Art Unit	3616
	Examiner Name	ROCCA, JOSEPH M
	Attorney Docket Number	26C-032

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):    
Remarks  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	December 8, 2006

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Type or printed name	David G. Posz (Reg. No. 37,701)	
Signature		Date: December 8, 2006